

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Weekly Bulletin



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GUY P. JONES
EDITOR

Schedule for Feeding the Baby

By ELLEN S. STADTMULLER, M.D., Chief, Bureau of Child Hygiene, California Department of Public Health

The heat of summer brings with it need for added care for little babies. These delicate creatures are the first of the family to show the effect which changes in their surroundings produce. Summer heat may be a great strain on them. By taking hot weather precautions, however, it is quite possible to avoid any disasters.

The first consideration in hot weather care—indeed, in good care at any time—is proper feeding. For a little child regular feeding is essential. The hours of feeding and the number of nursings during the day may vary with the age, weight and strength of the baby, but after a definite schedule has been decided upon it should be followed with clock-like regularity. The baby should not be given a nursing ahead of time because it cries; a little crying will not do any harm as this is the baby's only way of taking exercise. The feeding should not be delayed beyond the time selected, just because the baby is asleep; tiny babies have a tendency to sleep continually and if not picked up and fed they may go so long without food, even five to six hours at a stretch, that they do not receive sufficient nourishment.

For very small babies of about five pounds or for weakly or premature babies, it is often necessary to give feedings every two hours—that is, 10 in the 24 hours (i.e., 6 a.m., 8 a.m., 10 a.m., 12 m., 2 p.m., 4 p.m., 6 p.m., 8 p.m., 11 p.m., 2 a.m.). On the other hand,

large robust babies weighing eight pounds or more at birth can properly be started on a schedule which calls for five feedings in the 24 hours—that is, every four hours (i.e., 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10 p.m.), no feeding being given in the middle of the night. This trains the baby from the start to sleep through the night and gives the nursing mother a chance for eight hours' unbroken sleep, an amount of rest which is most desirable if she is to maintain a good supply of breast milk.

As a rule, however, babies are fed on a three-hour schedule with seven feedings in the 24 hours (i.e., 6 a.m., 9 a.m., 12 m., 3 p.m., 6 p.m., 9 p.m., and 2 a.m.), until their weight reaches 12 pounds or until they are three months old. At this time the midnight feeding is stopped and only six feedings a day are given. If the hours mentioned are not suitable on account of household arrangements it is perfectly proper to start the feedings an hour earlier and then feed at 5 a.m., 8 a.m., 11 a.m., 2 p.m., 5 p.m., 8 p.m., and 1 a.m., only keep to the hours selected punctually.

Allow the baby about 20 minutes for a feeding and when this time is over remove the baby from the breast, putting him back to bed. This means that the baby can not be allowed to go to sleep while nursing or to play at the breast. Some newborn babies have really to be trained to eat and may need to be waked

up by gentle patting or washing of the face. This is to remind them to keep busy and that their one duty at this age is to eat. A strong baby who nurses well will sometimes get enough to eat in ten minutes. Where this is the case interrupt the nursings by holding the baby upright over the shoulder. This is done because a baby nursing rapidly on a full breast frequently swallows a considerable amount of air in the effort to get down the mouthfuls of milk. In the upright position the air is gotten rid of—consequently, the baby will be made more comfortable and will take more nourishment.

BREAST FEEDING

Nobody questions the fact that breast feeding is the natural way to feed a baby and that the baby who is breast fed has a head start on the way to health and vigor over the infant who is fed on some substitute for mother's milk. Breast fed babies grow more rapidly than artificially fed babies and have a greater resistance to disease. The mother who nurses her baby for ten months is giving it a better chance to live by preventing the development of summer diarrhea and other diseases of the digestive tract. In addition, the baby is protected against contagious diseases during the early months of life and is less likely to develop rickets during the latter months of the first year.

No comparison can be made between the ease of nursing and that of preparing an artificial mixture. To prepare a formula correctly consumes at least one hour every day, while breast milk is always ready, always warm, does not have to be heated at night; also, breast milk is cheaper, cleaner, never sour and is free from germs.

In order that a mother may nurse her baby properly she must have adequate care, including proper diet, during the period before the birth of her baby. This not only builds a sturdy body for the baby but insures an adequate supply of milk. Her diet should contain an abundance of cow's milk, fresh vegetables, fruit and whole-grain cereals. During this period the mother should prepare to nurse her baby by caring for the nipples. The simplest way to do this is to wash them off night and morning with soap and water and rinse well with cold water. If the nipples are not properly shaped or are retracted, by gentle massage and pulling they can be shaped during the three or four months before the baby's birth so that the child will be able to grasp them properly.

After the birth of the baby the mother should have an abundance of a wholesome mixed diet containing the same foods mentioned above, as these supply vitamins and minerals for the baby's growth. She

should drink freely of milk with enough water in addition to make up two quarts of liquid during the day.

A nursing mother needs an abundance of rest and sleep, at least eight hours every night with rest periods during the day. If it is not possible to lie down for a period of an hour or more in the daytime the mother should lie down while nursing her baby, and as the baby nurses for about twenty minutes she will in this way secure about an hour and a half's repose during the day. There should be an ample supply of fresh air, both night and day, and a wise mother will see that she spends some time out-of-doors to secure an abundance of fresh air.

Emphasis must be placed on the necessity for a regular schedule for the baby, as it permits of a much better filling of the breasts than if the breasts are emptied at irregular intervals. By a regular and complete emptying of the breasts the baby obtains the creamiest milk, as the last milk nursed from the breast—the strippings—contains the cream. On a three-hour schedule the average baby will be satisfied with nursing one breast and unless there is some especial reason to the contrary this is the ordinary way of nursing, as each breast then has six hours in which to fill. Milk tissue, in order to give the best supply of milk, must have a regular emptying of the gland.

A weak baby may not empty the breast completely, and little by little the supply is diminished, so that the failure of breast milk sometimes occurs from this reason alone. Where breast milk is left behind by the baby the mother should learn to milk out the remaining fluid herself in order to keep up a good supply.

Along with these benefits to the baby there are undoubted advantages to the mother in nursing her baby. By the sucking of the baby changes are produced in the mother's internal organs, helping them during the first weeks after birth to return to their normal size. This change hastens the mother's return to normal strength after her confinement.

In 1869, Matthew Arnold wrote: "The great men of culture are those who have had a passion for diffusing, for making prevail, for carrying from one end of society to the other, the best knowledge, the best ideas of their time; who have laboured to divest knowledge of all that was harsh, uncouth, difficult, abstract, professional, exclusive; to humanize it, to make it efficient outside the clique of the cultivated and learned, yet still remaining the best knowledge and thought of the time, and a true source therefore of sweetness and light."

TONSILS AND ADENOIDS

By ELLEN S. STADTMULLER, M.D., Chief, Bureau of Child Hygiene, California Department of Public Health

Has your child frequent colds?

Does your child breathe habitually with the mouth open?

Does your child get tired easily?

Is your child underweight?

Does your child have earache and discharging ears?

Is your child hard of hearing?

Has your child a hard, dry cough?

Has your child swollen or inflamed glands in the neck, at the angle of the jaw?

Has your child recurring attacks of tonsillitis or peritonsillar abscess?

Has your child shortness of breath on exertion, painful joints or rheumatism, or any inflammation of the kidneys?

Is your child inattentive and dull in school?

If your child has these symptoms your doctor should examine the child's nose and throat.

There is a circle of adenoid tissue in the mouth, nose and throat, which is believed to be a first line of defense in the body against bacteria. However, following an acute attack of tonsillitis, scarlet fever, diphtheria, whooping cough, influenza, measles, or a severe cold, bacteria and pus often remain in the pits or crypts of tonsils, causing a chronic inflammation. Often scar tissue replaces normal tonsillar tissue as a result of the acute inflammation to such an extent that the tonsil can no longer do its work. Sometimes this scar tissue extends over a crypt of the tonsil enclosing pus and bacteria in the crypt so that it can not be discharged, except by the formation of a peritonsillar abscess. When this infectious material is less well walled off, it may work its way directly into the blood stream and bacteria lodge on the valves of the heart, in the joints, and in the kidneys, setting up severe inflammation. Because of the danger of extension of the infection from infected tonsils to other organs of the body, such tonsils should be removed as soon as your doctor advises it.

The term "enlarged adenoids" is used whenever the third tonsil on the wall of the throat behind the nose is large enough to cause symptoms of nasal obstruction—open mouth; dull facial expression; pinched nose; dead, toneless voice; restlessness and snoring in sleep; frequent colds; catarrhal inflammation of the middle ear. Deafness due to retraction of the tympanic membrane may be the first symptom of adenoids. If adenoids are left uncorrected over too long a period a disfiguring deformity of the face develops. In case of catarrhal inflammation of the middle ear, the inflammation may extend to the

mastoid bone and if not taken care of in time may result in brain abscess and death. There is danger of sinus infection. As a result of the nasal obstruction, poor drainage in the nose and frequent colds, infection may extend to the bony recesses of the face. No child having nasal obstruction from adenoids is too young to have the adenoids removed.

The removal of the tonsils and adenoids does not remove all of the lymph adenoid tissue in the mouth and throat. There is sufficient lymph adenoid tissue left to do the work.

The dangers of having tonsils and adenoids removed are an enlarged thymus, acute respiratory infection, too long bleeding and coagulation time. Your doctor should examine the child's heart, lungs, urine and bleeding and coagulation time before the operation.

The favorable results of the removal of tonsils and adenoids are observed in a comparatively short time after the operation and are often so great that parents and teachers notice it and speak of it. The child gains in weight, has a better appetite, is more alert, is happier and less irritable, sleeps better at night, the cough disappears, the ear discharge clears up, the effect on hearing is usually noticed at once, and the voice loses its dead, toneless character.

It is only rarely that a child is better than his home influence. He may be smarter than his parents or more successful or more beautiful, but his moral strength and his habits of life and his intellectual leanings will largely be those that he inherited and that he acquired or developed in his home. Since we can not make the world over in a day, there is our point of beginning.

Begin to think of your child as the descendant of a thousand generations that have made on it an indelible mark of tendencies, instincts, passions, ambitions, habits and abilities or disabilities. This link in the long chain of your heredity is in the forge and on the anvil of home environment. It can be molded, shaped, strengthened, or it can be left weak and full of flaws. Are you going to make a stronger link in the long chain or a weaker one?—From "The Harvest of the Years," by Luther Burbank and Wilbur Hall.

Health! thou most august of the blessed goddesses, with thee may I spend the remainder of my life, mayest thou benignly dwell with me; for if there be any pleasure to be derived from riches, or if there be any delight bestowed on men, or respite from pains, with thee, blessed health, all these flourish and beam effulgent like the spring arising from the graces; without thee no one is happy.—Ariphron.

MORBIDITY

Morbidity Reports for the Following Diseases for Week Ending July 20, 1935

Chickenpox

191 cases: Alameda 12, Berkeley 6, Oakland 12, San Leandro 1, Fresno County 2, Fresno 1, Hanford 1, Los Angeles County 23, Avalon 2, Burbank 1, El Segundo 1, Glendale 2, Long Beach 4, Los Angeles 21, Pasadena 3, Pomona 1, San Marino 1, Santa Monica 2, Hawthorne 1, Monterey Park 2, Gardena 1, Carmel 1, Napa County 5, Santa Ana 4, Riverside County 1, Sacramento 8, Coronado 1, San Diego 15, San Francisco 36, Stockton 4, Santa Barbara County 4, Lompoc 6, Santa Barbara 2, Santa Clara County 1, Palo Alto 1, Willow Glen 1, Siskiyou County 1.

Diphtheria

36 cases: Oakland 11, Imperial County 2, Hanford 1, Los Angeles County 1, Los Angeles 12, Napa County 1, Orange County 1, Santa Ana 1, Sacramento 2, San Diego County 1, Santa Barbara 1, Tulare County 2.

German Measles

107 cases: Berkeley 4, Oakland 3, San Leandro 1, Colusa County 4, Los Angeles County 11, Burbank 1, Culver City 1, Glendale 1, Glendora 2, Huntington Park 4, Los Angeles 14, Pasadena 3, South Gate 1, Bell 1, Ross 2, Orange County 2, Santa Ana 1, Riverside 1, Sacramento 2, Colton 1, San Diego County 12, National City 1, Oceanside 1, San Diego 4, San Francisco 14, San Mateo County 1, San Mateo 4, Santa Clara County 1, Mountain View 1, Palo Alto 4, Shasta County 3, Sonoma County 1.

Influenza

12 cases: Los Angeles County 3, Los Angeles 8, San Francisco 1.

Malaria

4 cases: San Joaquin County 3, Lodi 1.

Measles

307 cases: Berkeley 2, Oakland 10, Piedmont 1, Martinez 2, Fresno County 3, Fresno 1, Reedley 1, Sanger 1, Kern County 1, Bakersfield 2, Los Angeles County 14, Avalon 1, Beverly Hills 1, Burbank 1, El Segundo 1, Glendale 1, Huntington Park 2, Inglewood 3, Long Beach 28, Los Angeles 32, Manhattan 2, Monrovia 1, Pasadena 2, Pomona 1, Whittier 1, Lynwood 1, Hawthorne 1, South Gate 2, Monterey Park 1, Madera County 1, Madera 2, Carmel 1, Napa County 2, Orange County 4, Huntington Beach 2, Newport Beach 2, Orange 7, Santa Ana 6, Seal Beach 1, Laguna Beach 2, Tustin 1, Riverside County 5, Sacramento County 2, Sacramento 11, San Diego County 2, Coronado 1, La Mesa 1, National City 1, Oceanside 2, San Diego 4, San Francisco 48, San Joaquin County 2, Lodi 1, San Mateo 1, Santa Barbara County 4, Lompoc 4, Santa Barbara 1, Santa Clara County 15, Mountain View 2, Palo Alto 3, San Jose 24, Santa Clara 1, Willow Glen 4, Santa Cruz County 1, Santa Cruz 1, Solano County 1, Vacaville 3, Sonoma County 4, Tulare County 1, Tuolumne County 2, Sonora 1, Ventura 1, Woodland 2.

Mumps

49 cases: Alameda 3, Hayward 1, Oakland 14, Butte County 1, Fresno County 1, Lake County 1, Los Angeles County 1, Long Beach 2, Los Angeles 5, Pomona 1, San Fernando 1, Monterey County 1, Orange County 2, Sacramento 1, San Francisco 3, Paso Robles 1, San Luis Obispo 4, Palo Alto 1, Sunnyvale 1, Santa Cruz 3, Shasta County 1.

Pneumonia (Lobar)

39 cases: Los Angeles County 9, Avalon 1, Azusa 1, Burbank 1, Culver City 1, Glendale 1, Inglewood 1, Los Angeles 12, San Gabriel 1, Hawthorne 1, Orange County 1, Anaheim 1, Orange 1, Riverside County 1, Riverside 1, Sacramento 2, San Francisco 3.

Scarlet Fever

82 cases: Alameda 1, Oakland 5, Piedmont 1, San Leandro 1, El Dorado County 1, Fresno County 1, Bakersfield 1, Los Angeles County 7, Beverly Hills 1, Inglewood 1, Long Beach 1, Los Angeles 12, Pasadena 2, Whittier 1, Torrance 1, Signal Hill 1, Merced County 1, Salinas 2, Nevada County 1, Orange County 1, Anaheim 1, Orange 1, Sacramento County 5, Sacramento 4, San Diego County 2, Chula Vista 1, San Diego 8, San Francisco 6, Santa Clara County 1, Palo Alto 1, San Jose 2, Santa Clara 1, Siskiyou County 1, Vacaville 1, Tulare County 1, Ventura County 1, Ventura 2.

Smallpox

3 cases: Los Angeles 1, Santa Clara County 2.

Typhoid Fever

7 cases: Stockton 1, Santa Clara County 4, San Jose 2.

Whooping Cough

132 cases: Alameda County 4, Berkeley 15, Oakland 9, Martinez 2, Fresno County 2, Hanford 2, Los Angeles County 8, Alhambra 1, Culver City 1, Long Beach 3, Los Angeles 9, Redondo Beach 2, Santa Monica 2, Lynwood 3, Hawthorne 1, Salinas 1, Orange County 4, Santa Ana 3, San Bernardino 1, San Diego County 4,

Coronado 1, National City 4, San Diego 20, San Francisco 17, San Joaquin County 1, Stockton 2, San Mateo County 2, San Mateo 1, Santa Barbara County 1, Santa Barbara 2, Santa Clara County 2, California 2.*

Meningitis (Epidemic)

2 cases: Antioch 1, Riverside County 1.

Dysentery (Amoebic)

4 cases: Oakland 1, Santa Barbara County 1, Sonoma County 1, Petaluma 1.

Dysentery (Bacillary)

3 cases: El Monte 1, Orange 1, San Diego 1.

Pellagra

2 cases: San Bernardino County 1, San Francisco 1.

Poliomyelitis

36 cases: Kern County 13, Bakersfield 2, Los Angeles County 3, Compton 1, Glendale 1, Los Angeles 11, Riverside 1, Sonoma County 1, Stanislaus County 1, Tulare County 2.

Trachoma

2 cases: San Francisco.

Encephalitis (Epidemic)

One case: Culver City.

Paratyphoid Fever

2 cases: Los Angeles County.

Food Poisoning

17 cases: Riverside County 10, San Francisco 7.

Undulant Fever

4 cases: Oakland 1, Los Angeles County 2, Los Angeles 1.

Tularemia

One case: Lassen County.

Coccidioidal Granuloma

One case: Los Angeles.

Septic Sore Throat (Epidemic)

2 cases: Lake County 1, Marin County 1.

Psittacosis

2 cases: Santa Barbara.

Rabies (Animal)

14 cases: Los Angeles County 2, Los Angeles 5, Lynwood 1, National City 1, San Diego 1, San Joaquin County 3, Stockton 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not charged to any one locality.

"The whole end and object of education," said Aristotle, "is training for the right use of leisure." It is only recently, however, that the full practical import of this declaration has made itself felt. In the first place, the amount of leisure time has been increasing and seems destined to even more rapid increase in the near future. In the second place, urban civilization has disrupted traditional leisure pursuits and the individual's control over his own leisure, thus making necessary community action on the subject.—George A. Lundberg in Recreation.